

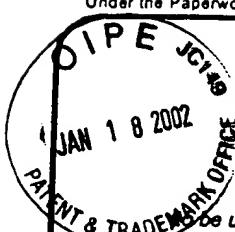
3764

Please type a plus sign (+) inside this box → [+]

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

*(be used for all correspondence after initial filing)*

		Application Number	09/765,533
		Filing Date	January 19, 2001
		First Named Inventor	H. Howlett-Campanella
		Group Art Unit	3764
		Examiner Name	Amerson
Total Number of Pages in This Submission		Attorney Docket Number	HOWL-38283

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Scott W. Kelley, Esq. KELLEY BAUERSFELD LOWRY & KELLEY LLP
Signature	
Date	December 17, 2001

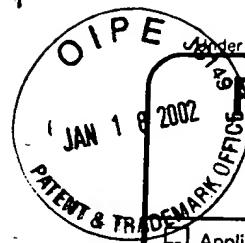
## CERTIFICATE OF MAILING

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Date	12/17/01

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# FEET TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0)

## Complete if Known

Application Number	09/765.533
Filing Date	January 19, 2001
First Named Inventor	H. Howlett-Campanella
Examiner Name	Amerson
Group Art Unit	3764
Attorney Docket No.	HOWL-38283

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

 Deposit Account:

Deposit Account Number	<input type="text"/>
Deposit Account Name	<input type="text"/>

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	<input type="text"/>
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
139 130	139 130	Non-English specification	<input type="text"/>
147 2,520	147 2,520	For filing a request for ex parte reexamination	<input type="text"/>
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	<input type="text"/>
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	<input type="text"/>
115 110	215 55	Extension for reply within first month	<input type="text"/>
116 400	216 200	Extension for reply within second month	<input type="text"/>
117 920	217 460	Extension for reply within third month	<input type="text"/>
118 1,440	218 720	Extension for reply within fourth month	<input type="text"/>
128 1,960	228 980	Extension for reply within fifth month	<input type="text"/>
119 320	219 160	Notice of Appeal	<input type="text"/>
120 320	220 160	Filing a brief in support of an appeal	<input type="text"/>
121 280	221 140	Request for oral hearing	<input type="text"/>
138 1,510	138 1,510	Petition to institute a public use proceeding	<input type="text"/>
140 110	240 55	Petition to revive - unavoidable	<input type="text"/>
141 1,280	241 640	Petition to revive - unintentional	<input type="text"/>
142 1,280	242 640	Utility issue fee (or reissue)	<input type="text"/>
143 460	243 230	Design issue fee	<input type="text"/>
144 620	244 310	Plant issue fee	<input type="text"/>
122 130	122 130	Petitions to the Commissioner	<input type="text"/>
123 50	123 50	Processing fee under 37 CFR 1.17(q)	<input type="text"/>
128 180	128 180	Submission of Information Disclosure Stmt	<input type="text"/>
581 40	581 40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="text"/>
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="text"/>
179 740	279 370	Request for Continued Examination (RCE)	<input type="text"/>
169 900	169 900	Request for expedited examination of a design application	<input type="text"/>
Other fee (specify) _____			

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	<input type="text"/>
106 330	206 165	Design filing fee	<input type="text"/>
107 510	207 255	Plant filing fee	<input type="text"/>
108 740	208 370	Reissue filing fee	<input type="text"/>
114 160	214 80	Provisional filing fee	<input type="text"/>

SUBTOTAL (1) (\$ 0)

Total Claims	21	-20** =	0	X	0	=	0	Extra Claims	Fee from below	Fee Paid
Independent Claims	3	- 3** =	0	X	0	=	0			
Multiple Dependent										

Large Entity	Small Entity	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

\*\*or number previously paid, if greater; For Reissues, see above

Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ )

## SUBMITTED BY

Name (Print/Type)	Scott W. Kelley	Registration No. (Attorney/Agent)	30,762	Complete (if applicable)
Signature		Date	12/17/01	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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JULY 17 2001

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Assistant Commissioner for Patents,  
Washington, D.C. 20231, December 17, 2001  
Scott W. Kelley, Reg. 30,762                          December 17, 2001  
Date

#4 / Scott. A.

PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of )

) Group Art Unit: 3764

Helen Hardman Howlett-Campanella )

) Examiner: Amerson, L.

Serial No. 09/765,533 )

) Docket No. HOWL-38283

Filed: January 19, 2001 )

For: YOGA MAT WITH BODY CONTACT )  
PLACEMENT INDICIA )

RESPONSE

Box Amendment - NO FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

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Dear Sir:

In response to an Office Action dated October 9, 2001, in connection with the above-identified application, the following is submitted: